

STATE OF WASHINGTON
Department of Financial Institutions
Securities Division
PO Box 9033
Olympia, WA 98507-9033
360-902-8760

**REGISTRATION BY QUALIFICATION FOR
GOVERNMENT OR QUASI-GOVERNMENTAL BOND ISSUES**

1. Name and address of registrant _____

2. Name and address of issuer or user of proceeds _____

3. Short description of securities to be qualified _____

4. Number of securities to be offered in Washington _____
5. Number of securities to be offered in all states _____
6. Maximum price per security _____
7. Fee (\$100.00 for the first \$100,000 of initial issue, or portion thereof in this state, based on the offering price, plus 1/20 of 1% for any excess over \$100,000 which are to be offered during that year).

NOT LESS THAN \$100.00
8. Fiscal year ends _____
9. Name, address, and phone number of person to contact who is responsible for this filing _____

By _____

STATE OF WASHINGTON

Country of _____

_____, being first duly sworn, deposes and says;
I have been authorized by the registrant to execute and file the foregoing statement. I have read the statement and the exhibits filed with it, and the facts stated in the statement and in the exhibits are true to the best of my knowledge, information and belief.

AFFIANT

Sworn to before me this _____ day of _____, 19 _____.

Residing at _____

My commission expires _____